

A Review of Empirically Supported Marital Enrichment Programs*

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Considering the popularity of marriage enrichment programs, it is important for clinicians and marriage educators to know which programs have received empirical support. Using criteria established for determining empirically supported treatments (ESTs), we provide a comprehensive review of the outcome research on 13 specific marital enrichment programs. Only four programs could be considered "efficacious," three were found to be "possibly efficacious," and six were considered "empirically untested."

Numerous experimental studies have found marital enrichment programs to be effective in improving relationship skills and satisfaction. These studies have been reviewed extensively in a number of comprehensive literature reviews (e. g., Sayers, Kohn, & Heavey, 1998; Silliman, Stanley, Coffin, Markman, & Jordan, 2002). For example, in the most comprehensive meta-analysis of marriage enrichment, Giblin, Sprenkle, and Sheehan (1985) analyzed 85 studies, which collectively involved more than 15 marriage enrichment programs, to determine the effects of marriage enrichment programs. The analysis revealed an overall effect size of .419 for marriage enrichment programs, which is considered a medium effect (Cohen, 2003).

The most recent review of marital education programs was published in 2003 (Halford, Markman, Stanley, & Kline, 2003) and examined 12 controlled trials of programs that had follow-up assessments of at least 6 months. Their results indicated that marital education programs consistently lead to an improvement of communication skills and relationship satisfaction. Based on this review, Halford and colleagues presented seven guidelines for best practice in marital education. These seven guidelines included assessing the risk profile of couples, encouraging high-risk couples to attend relationship education, assessing relationship aggression, offering marital education at change points, promoting early presentation of relationship problems, matching content to couples with special needs, and enhancing accessibility of evidence-based marital education programs.

Although these reviews have conclusively demonstrated the effectiveness of marital enrichment programs, in general, less information is available about the effectiveness of specific programs. Thus, conclusions address the overall field of marital education. Indeed, the guidelines for best practice from Halford and colleagues (2003) made a significant contribution to the advancement of the field, but it transcended specific programs and offered several general guidelines to marital educators.

The empirically supported treatment (EST) movement offers an additional useful approach to evaluating the effectiveness of marital education programs. Rather than examining the empirical evidence for marital education programs, in general, the EST perspective examines each program individually and uses established criteria to designate the level of empirical support that each

program has earned. There is now a critical mass of outcome research on couple enrichment programs, so it is possible to review these programs using EST criteria. Thus, our task was to do just that.

Empirically Supported Treatment

The EST movement, which has become an important and influential component in the delivery of mental health services, began largely as a response to demands by managed care for treatment accountability (Crane & Hafen, 2002). The movement emphasizes the value of empirical validation of psychotherapy and marriage and family therapy treatment models as a way to guide the clinical treatment decisions made by therapists (Sprenkle, 2002).

The operational definition of ESTs and the criteria used to designate treatments as ESTs emerged from several task forces in the American Psychological Association (APA) during the middle and late 1990s. These task forces determined that the primary standard for an EST was the existence of randomized clinical trials (RCT) that demonstrated that the treatment was more effective than control groups not receiving the treatment. The random assignment of subjects into the treatment and control groups is vital, because such assignment creates equivalence between the two groups at the beginning of the study, ensuring that any differences between the groups at the end of the study is due to the effects of the treatment. Replication is another important scientific principle that was used in establishing the effectiveness of a treatment. Consequently, it was important that the treatment have a treatment manual that facilitated replication, and it was required that the effectiveness of the treatment be replicated by a second, independent team of researchers (Chambless & Hollon, 1998). Thus, the two principles used to establish the criteria for ESTs were employing an RCT design and replicating the findings.

Based on these principles, the APA task forces designated a treatment as efficacious, if it was found effective in two randomized control trials conducted by two different teams of researchers. To meet this standard, the treatment had to be manualized, and the studies had to be published in a peer-reviewed format (Chambless & Hollon, 1998). If there was only one randomized clinical study, or if all of the studies were done by the same research team, the criterion for replication was not met, and the treatment was considered possibly efficacious, waiting for further replication.

The process of evaluating treatments according to EST criteria has resulted in the designation of many psychotherapy treatments as being efficacious (e.g., Dobson & Craig, 1998; Nathan & Gorman, 1998). Treatment models in the field of marriage and family therapy (MFT) also have been evaluated using EST criteria, and a number of MFT models have received adequate

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empirical validation to be considered empirically supported therapies (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Sprenkle, 2002).

Although the EST movement is popular in the delivery of mental health services, it has faced some criticism (Henry, 1998). Some scholars (Elliott, 1998) are concerned that the movement will subordinate some treatment models because they have not been subjected to empirical evaluation, implying that they are not valid rather than untested. They also are concerned that adherence to only ESTs will restrict the clinical choices that therapists have available and make it more likely that there is a poor fit between therapist, treatment modality, and clients (Wampold, Lichtenberg, & Wachler, 2002). Moreover, other scholars (Patterson, Miller, Carnes, & Wilson, 2004) believe that evaluating a treatment model on EST criteria represents only one approach to evaluating the effectiveness and appropriateness of a specific treatment.

Despite these criticisms, the EST approach is gaining popularity and influence in the mental health professions (Sprenkle, 2003). An advantage of the approach is that it offers a set of standardized criteria to evaluate the empirical effectiveness of particular interventions and programs. Designating programs as efficacious and possibly efficacious will create guideposts in helping marital educators select a program to use in their preventative work with couples.

Method

Collection of Studies

A comprehensive search for marital enrichment studies from 1970 to November 2003 was conducted using bibliographies from previous reviews (Giblin et al., 1985; Halford et al., 2003; Silliman et al., 2002), and keyword searches in major databases. Digital Dissertation (ProQuest), ERIC, PsycINFO, Social Citation Index (SCI), Social Science Abstracts, and Family and Society Studies Worldwide were all included as databases.

Marital enrichment programs were excluded from the review, if no research studies were found that empirically examined the effectiveness of the program since 1990. There are many such programs, such as Training In Marriage Enrichment (Dinkmeyer & Carlson, 1984) and The Marriage Survival Kit (Gottman & Gottman, 1999). Because of the large number of such programs, and in order to make the review manageable, these programs were not reviewed. The search for eligible programs resulted in identifying 13 programs for review.

Definition of Terms

Marriage enrichment programs were evaluated and assigned to one of three categories: efficacious (E), possibly efficacious (PE), and empirically untested (EU). Consistent with the established criteria for determining empirically supported treatment, marriage enrichment programs were considered "efficacious" when supported by two or more published outcome studies by separate research teams with control or comparison groups and random assignment (Chambless & Hollon, 1998). Marriage enrichment programs with only one published controlled randomized study, or with more than one study by the same researchers, were considered "possibly efficacious," and enrichment programs with some outcome research but no published controlled randomized studies supporting them were considered "empirically

untested." Consistent with EST standards, a study had to be published in a peer-reviewed format (e.g., professional journal or conference proceedings publications) in order to count as providing the empirical support needed to be considered efficacious or possibly efficacious. However, because a substantial amount of research on marriage enrichment programs is unpublished, some dissertations and theses were included in the descriptions (but not in EST designation) of the research literature for some programs.

Additionally, as has been the case in previous reviews (Halford et al., 2003), no distinction was made in the terms marriage enrichment, marriage education, or marriage enhancement. These terms generally refer to programs aimed at helping couples with more functional relationships maintain or improve their relationships. Marriage enrichment and enhancement programs involve marriage education skills training (Sayers et al., 1998). These programs are distinct from marital therapy programs that are intended for couples experiencing more severe relationship distress (Silliman et al., 2002).

Findings

Efficacious Programs

PREP. The Prevention and Relationship Enhancement Program (PREP) is a skills-oriented approach based on etiological factors basic to marital failure (Stanley, Blumberg, & Markman, 1999). The four main goals are to teach couples better communication and conflict management strategies, to aid couples in clarifying and evaluating expectations, to promote understanding of and choices reflecting commitment, and to enhance the positive bonding in the relationship. The PREP can be used in counseling, group settings, or in self-study by couples. In fact, research shows that community-based service providers (e.g., clergy) can be successfully trained to achieve positive results (Stanley et al., 2001) and that these results are maintained at 1–1.5-year follow-up (Laurenceau, Stanley, Olmos-Gallo, Baucom, & Markman, in press). Training materials are available, including a leader's manual and materials for conducting the program (Sullivan & Goldschmidt, 2000). Typically, the full version, which consists of 12 hours, is delivered to couples in a group format. This can happen in six 2-hour sessions, a weekend retreat, or other formats as needed.

As indicated in Table 1, the PREP approach has been supported repeatedly as an effective marriage enrichment program. At least seven studies documenting the effectiveness of the PREP were randomized, controlled studies using experimental design. Additionally, it is the only program with long-term outcomes after follow-up periods of 12 months (Halford et al., 2003). Studies examining the effectiveness of PREP have found that it is associated with increased positive communication for couples in comparison with couples in control groups (Blumberg, 1991), increased spouse confidence in the relationship (Trathen, 1995), increased communication and problem-solving skills (Stanley et al., 2001), lower incidences of divorce, greater relationship satisfaction, and less intense problems (Halford, Sanders, & Behrens, 2001; Markman, Renick, Floyd, Stanley, & Clements, 1993), and greater sexual satisfaction (Markman, Floyd, Stanley, & Storaasli, 1988). Based on these results, the PREP is considered an efficacious marriage enrichment program.

Relationship Enhancement (RE). Relationship Enhancement has undergone substantial evaluation throughout the last few

Table 1
Marriage Enrichment Program Categories

Program	No. of outcome studies	No. of randomized controlled studies	References
Efficacious			
PREP	7	7	Markman et al., 1988; Renick, Blumberg, & Markman, 1992; and Stanley et al., 2001
Relationship Enhancement	19	4	Ridley & Sladeczek, 1992; Brock & Joanning, 1983; Ross, Baker, & Guernsey, 1985
Couple Communication Program	40	6	Butler & Wampler, 1999; Russell et al., 1984; Brock & Joanning, 1983
Strategic Hope-Focused Enrichment	4	3	Ripley & Worthington, 2002; Burchard et al., 2003; Worthington et al., 1997
Possible efficacious			
Couple CARE	1	1	Halford, Moore, Wilson, Farrugia, & Dyer (2004)
ACME	4	1	Hickmon, Protinsky, & Singh, 1997
CCET	3	1	Cina, Bodenmann, & Blattner, 2003
Empirically untested			
Structured Enrichment	5	0	
Marriage Encounter	19	0	
PAIRS	8	0	
Imago	7	0	
Traits of a Happy Couple	1	0	
SYMBIS	1	0	

decades. RE was developed by Bernard Guernsey (1977) for marital couples and has since been expanded for application to premarital couples, fathers and sons, and mothers and daughters (e.g., Avery, Ridley, Leslie, & Milholland, 1980). This program focuses on teaching self-disclosure skills focused especially on feelings, behaviors, and the elimination of blaming statements. It also teaches listening skills involving the understanding and acceptance of the self-discloser's statements (Ridley & Sladeczek, 1992). Nine skills are taught: empathic, expressive, discussion and negotiation, problem-conflict resolution, facilitation (partner coaching), self-change, other change, transfer generalization, and maintenance (Accordino & Guernsey, 2003). The format for RE ranges from all-day marathon sessions to the more common format of a group meeting 2 hours weekly for 10–15 weeks. Training and certification is offered in RE for those who have a master's degree or are enrolled in a graduate program within psychology. Different training formats are available, the shortest of which is a 3-day workshop (Cavedo & Guernsey, 1999).

Research shows that RE effectively helps individuals identify and express their needs through communication and behavior (Ridley & Sladeczek, 1992). Other research demonstrates RE's effectiveness in increasing couples' self-disclosure and empathy skills (Avery et al., 1980). Additional positive effects indicate improved marital communication and satisfaction, relationship adjustment, empathy, warmth, genuineness, and trust (Brock & Joanning, 1983; Ross, Baker, & Guernsey, 1985). A meta-analysis conducted on several enrichment programs showed RE to have the largest effect size of all programs reviewed (Giblin et al., 1985). A recent review of RE's outcome research (Accordino & Guernsey, 2003) found that RE groups experienced higher levels of marital communication and increased self-esteem than control groups. Clearly, research has shown Relationship Enhancement to be an efficacious program for marital enhancement.

The Couple Communication Program. The Couple Communication Program (CC) was developed by Miller, Nunnally, and Wackman in 1968 (Miller, Nunnally, & Wackman, 1979) and is the most researched program. The goal of CC is to increase awareness of the self and partner, the relationship, and conflict rules through the development of clear, direct, and open communication between partners. Communication skills are taught through a series of interventions, such as directed practice, didactic

presentations, and homework exercises (Miller, Miller, Nunnally, & Wackman, 1992). CC groups generally meet 2 hours weekly for 4 weeks, focusing on structured didactic presentations followed by skill practice exercises under supervision. Certified CC instructors complete a 1- or 2-day training program, which is required (Miller et al., 1992).

Wampler (1982a, 1982b) published two reviews of the outcome research on CC over 20 years ago. In her narrative review of 19 published studies, Wampler (1982a) reported that although most of the studies found a positive effect of CC on relationship satisfaction, some studies failed to find improvement. She concluded that the mixed findings could be partially attributed to differences in study quality; all of the studies that used higher standards of research methodology found that CC had a positive impact on relationship quality, satisfaction, and or communication.

Wampler also conducted a meta-analysis the same year (1982b) on 20 CC studies available in published form. When considering whether CC had more of an effect than no treatment, effect sizes were moderate for measures of improved communication ($ES = .47$) and relationship satisfaction ($ES = .41$). In addition, CC participants reported more positive communication than did control group couples ($ES = 1.01$). Discrepancies in results were found in some studies at follow-up, and Wampler (1982b) emphasized that "caution must be exercised in assessing the longer term effects of CC" (p. 1020).

Butler and Wampler (1999) conducted another meta-analysis of 16 studies completed after the Wampler (1982b) meta-analysis. When CC groups were compared with control groups, moderate effect sizes on relationship satisfaction were observed at posttest ($ES = .54$), but decreased to a smaller size ($ES = .33$) at follow-up. When CC groups were compared with other treatment groups, relationship satisfaction showed a moderate increase at posttest ($ES = .42$), but a trend toward deterioration at follow-up ($ES = .38$). Overall, the authors concluded that CC treatment is superior to no treatment, finding CC to be effective in improving communication skills, particularly in a clinical setting. Because of the consistent trend toward deterioration of skills, the long-term effects of CC need to be further investigated. However, based on this large body of outcome research, CC is considered an efficacious program.

Strategic Hope-Focused Enrichment. Strategic Hope-Focused Enrichment is a brief, eclectic approach focused on promoting

love, faith in each other, and working together to motivate couples to take the initiative in improving their relationships (Worthington et al., 1997). This enrichment program consists of five 1-hour sessions used to train couples in specific methods for achieving their marital goals by focusing on improving communication and intimacy. As part of the program, education consultants provide written feedback to couples about their communication skills, conflict-resolution skills, positive behavior training, and intimacy-building exercises (Burchard et al., 2003).

In randomized controlled studies, Strategic Hope-Focused Enrichment has been shown to improve marital satisfaction (Worthington et al., 1997), marital communication (Ripley & Worthington, 2002), and overall quality of life (Burchard et al., 2003). Thus, this approach meets the established criteria for being defined as efficacious.

Possibly Efficacious

Couple CARE. Couple Commitment and Relationship Enhancement (Couple CARE) is a skills-based flexible delivery relationship education program based upon the PREP program discussed earlier (Halford, Moore, Wilson, Farrugia, & Dyer, 2004). The difference between Couple CARE and PREP is that Couple CARE is a "flexible delivery" program, meaning that it incorporates ease of access (i.e., in home) and promotes self-directed learning as opposed to group formats in which program leaders direct the sessions.

Like the PREP, Couple CARE emphasizes development of effective couple communication, relationship commitment, relationship self-regulation, realistic relationship expectations, and shared positive couple time (Halford et al., 2004). Couple CARE consists of three components: a videotape presenting key ideas and modeling relationship skills, a guidebook that presents a series of structured tasks for the couple, and a series of telephone calls with a psychologist to review progress and help solve problems.

Using a wait-list control group design with random assignment, one study investigated the efficacy of Couple CARE (Halford et al., 2004). They examined the outcomes on three variables: relationship self-regulation, reduced negative communication, and relationship satisfaction. Results were mixed. Women reported increased self-regulation, but men did not. In addition, negative communication was not decreased. However, results did show enhanced relationship satisfaction and stability. Thus, with one randomized controlled study showing increased relationship enhancement and stability, Couple CARE is considered possibly efficacious.

Association for Couples in Marriage Enrichment (ACME). Marital enrichment programs based on ACME principles seek to improve marital relationships through a wide variety of marriage enrichment activities and formats using experiential learning and group processes (Dyer & Dyer, 1999). There are 10 ACME principles, including that: (a) healthy marriages foster ongoing personal growth and mutual fulfillment; (b) relationship skills can be taught and learned; and (c) marriage enrichment is a lifelong process (see Association for Couples in Marriage Enrichment, 1993, for the comprehensive listing of principles). Activities often include role-plays and skills practice. Typically, a certified, trained group leader couple models communication skills, presents educational material, and leads group discussions. The objectives of the ACME interventions include increasing awareness of self and spouse, identifying directions for relationship growth, developing effective communication, learning growth-inducing

skills, and increasing mutual intimacy and empathy (Association for Couples in Marriage Enrichment, 1993). ACME leaders focus on the process of marital enrichment, and not an exact format. Therefore, in less structured ACME groups such as in the weekend retreat format, leaders are free to change the agenda and structure to fit the situation and their preferences (Dyer & Dyer).

Despite the international reach of ACME, little empirical research has tested its efficacy. As noted by Dyer and Dyer (1999), a lack of program uniformity makes it a difficult approach to evaluate empirically. The current review found one unpublished dissertation, two master's theses, and two published studies (Hammonds, Luquet, & McCormick, 1985; Hickmon, Protinsky, & Singh, 1997) that evaluated the efficacy of ACME. Taken together, these studies show that ACME-style marriage enrichment programs result in positive outcomes for couples, such as increased conflict-resolution skills, higher relationship quality, increased communication, increased expression of commitment to marriage, and increased intimacy.

Despite these positive results, only one published study involved random assignment and controls (Hickmon et al., 1997), whereas the other studies used controlled designs without randomization or a simple pretest/posttest design with a pilot group. Therefore, ACME programs can only be considered possibly efficacious.

Couple Coping Enhancement Training (CCET). CCET is a marital distress prevention program that combines cognitive-behavioral therapy with theories of stress, coping, and social exchange (Bodenmann & Shantinath, 2004). The goal is to help partners acquire new skills that will improve marital communication, problem solving, stress management, and coping, and help the couple become sensitive to issues of mutual fairness. This is accomplished through a structured 18-hour training program offered in a weekend workshop, a week-long couples retreat, or a series of weekly training sessions distributed over 6 weeks. The training program consists of six units that address the following topics: stress and coping, marital communication, problem solving, fairness and equity, and boundaries in close relationships. Instructors use short lectures with video examples, diagnostic assessments, live demonstrations, and role-plays to help couples acquire new skills. Couples practice their new skills through four role-plays lasting 70 minutes each. Instructors receive 30 hours of training—which focuses on a highly structured manual for trainers (Bodenmann, 2000)—and 20 hours of group supervision before delivering CCET.

In randomized controlled studies, CCET has been shown to improve marital satisfaction and marital quality (Cina, Bodenmann, & Blattner, 2003; Cina, Widmer, & Bodenmann, 2002) and decrease parenting stress (Cina et al., 2002). However, one of the studies (Cina et al., 2002) failed to meet the full criteria of an experimental design, because they did not compare CCET with a no-treatment control group. Instead, they used a modified short version of CCET with couples as their control group. Additional support from an experimental design study with non-randomly assigned subjects found that subjects who participated in CCET experienced improved marital satisfaction, dyadic communication, and individual and dyadic coping (Bodenmann, 2000). CCET has only one randomized controlled study and, thus, meets the criteria for being defined as possibly efficacious.

Empirically Untested

Structured Enrichment (SE). From the SE perspective, there are many ways to help couples make positive changes (L'Abate,

1999). Thus, SE includes a library of 50 programs developed eclectically from theoretical and atheoretical sources. Each program focuses on a specific couple need (e.g., negotiation, assertiveness, equality) and is selected according to what SE leaders believe is most appropriate for a particular couple. Each program is composed of three or more lessons, and each lesson has five or six exercises. These exercises seek to help couples change their repetitive negative reactions to each other. Participation in SE involves completing homework assignments on topics relevant to couple needs, discussing any issues which are emotionally charged for the couple in an objective and rational fashion, and confronting issues from a new perspective.

Although there have been several case studies published about SE (e.g., L'Abate & Young, 1987), the majority of the research is unpublished. Four dissertations (Ganahl, 1981; Sloan, 1983; Wildman, 1976; Yarbrough, 1983) and one thesis (Coleman, 1986) were found with outcome data. Whereas these studies did not include any randomized control groups, they generally showed positive outcomes, such as greater scores on scales of happiness (Wildman), increased marital satisfaction (Ganahl), increased consensus (Yarbrough), and significant gains in intimacy and perceived ability to deal with relationship problems (Sloan). On the other hand, SE did not lead to greater overall marital satisfaction in one study (Sloan), and no significant results were found in a study applying SE to low-income Black single-parent families (Coleman). Although these results generally indicate positive outcomes for SE, none of the studies was a controlled random experiment. Therefore, SE is classified as an empirically untested program.

Marriage Encounter (ME). Marriage Encounter is a psychoeducational program that is designed to help participating couples "learn techniques of communication and experience each other as fully as possible" (Silverman & Urbaniak, 1983, p. 42). This is accomplished through a highly structured weekend retreat lasting 44 hours (Becnel & Levy, 1983). The leaders consist of a trained clergy and a volunteer couple who set the stage for dialogue by giving presentations on discovering oneself, talking to the other, mutual trust, growth in knowledge of each other, learning to accept each other, learning to help each other, growth in love and union, opening up to others, and transcendent love (Roderick, 1999). After each didactic presentation, couples then take time alone to write and discuss their feelings about the topic. All of the discussion is between husband and wife. The team does not provide the encounter; they merely set the stage for couples to do so (Doherty, Lester, & Leigh, 1986).

Although 19 outcome studies have been completed on ME, only one has been published. Milholland and Avery (1982) used an experimental design with nonrandomly assigned subjects. They found that ME increased trust and overall marital satisfaction in couples. Of the several dissertations evaluating ME (e.g., Bonjean, 1976), only two randomized outcome studies have demonstrated the effectiveness of ME. Thompson (1986) found that ME significantly improved affectional expression, dyadic consensus, dyadic satisfaction, and dyadic cohesion in couples. Using a posttest-only design with random assignment, Seymour (1977) also demonstrated the ability of ME to improve marital satisfaction and commitment.

Other research suggests that ME may not be helpful to some participants who may even experience increased marital distress because of their participation in the program (Doherty, McCabe, & Ryder, 1978). Based on qualitative interviews, Doherty and colleagues (Doherty et al., 1986) reported that 18% of ME

couples experienced some negative changes as a result of participation. Reasons for the deterioration in marital satisfaction included an increase in conflict, frustration over newly identified needs, avoidance of constructive problem solving, and marital enmeshment (Doherty & Walker, 1982; Lester & Doherty, 1983). In light of these negative effects for some participants and the lack of published controlled random experiments, ME is classified as an empirically untested program.

PAIRS. The Practical Application of Intimate Relationship Skills (PAIRS) program was developed as a comprehensive psychoeducational course designed to increase self-knowledge and develop the ability to maintain enjoyable intimate relationships (Gordon & Durana, 1999). It combines cognitive, affective, and behavioral approaches in experiential group formats (Durana, 1996). Skills taught in PAIRS groups include commitment, effective communication, and creative uses of conflict. Groups are usually composed of 15–25 people, most of whom attend as couples. Leaders are licensed mental health professionals who lead classes in pairs. The program consists of 120 hours of training over a 4- or 5-month period. This includes weekly or biweekly 3-hour classes and four or five workshops that last 19–21 hours.

Several studies have evaluated the PAIRS program, including several dissertations and published articles. Findings indicate that PAIRS program graduates report lower anxiety levels, increased marital adjustment and satisfaction, increased intimacy, lower levels of conflict, increased cohesion and affection, better problem-solving skills, increased compatibility, and better interaction styles (e.g., Durana, 1994; Gordon & Durana, 1999). Unfortunately, none of these studies used randomized experimental designs. Therefore, the PAIRS program is considered empirically untested.

Imago Relationship Therapy (IRT). Imago Relationship Therapy (IRT) combines education and therapy to help couples improve their relationships (Luquet & Hannah, 1996). IRT is currently available in three formats: (a) couples counseling with an Imago therapist; (b) attending a 20-hour "Getting the Love You Want Couples Workshop" (GTLYW); and (c) the 7-hour *Getting the Love You Want* home video (Hendrix & Hunt, 1993). IRT emphasizes that the purpose of the unconscious is to finish unresolved childhood issues. Thus, partner selection is considered to be the result of the fit between one's unconscious mental image of one's parents or caretakers created in childhood (called the imago) and matching traits exhibited in the attractive partner (Hendrix & Hunt, 1999).

IRT uses education and marital or individual therapy to help couples better understand the impact of the imago on their marital relationship. As the primary intervention used by Imago therapists to restructure the marital relationship, dialogue is a three-stage structured process that includes mirroring (active listening), validating partner responses, and empathetic attunement (developing a deep emotional connection with his or her spouse). Instructors are licensed therapists who have attended a Getting the Love You Want couples workshop and a 96-hour training seminar in IRT, received positive evaluations from program instructors, and served as a support therapist in at least one Getting the Love You Want couples workshop (Hendrix & Hunt, 1999).

There are no outcome studies on IRT that use randomized control groups. However, there is some support from pre- to post-treatment comparisons that have not used control groups. Luquet and Hannah (1996) found that marital satisfaction improved

significantly in a group of 9 couples. Similarly, Hannah et al. (1997) found positive changes on a number of relationship distress measures subsequent to a 6–8 session format of Brief Imago Therapy. Hogan, Hunt, Emmerson, Hays, and Ketterer (1996) found that 99% of participants in a Getting the Love you Want couples workshop rated it as enjoyable. Using a design that included a nonrandomized control group, Hannah et al. found improvement in dyadic adjustment, commitment, relationship maturity, and practice of Imago skills. Because there are no outcome studies with a randomized control group, IRT is considered empirically untested.

Traits of a Happy Couple (THC). Traits of a Happy Couple (THC) is a cognitive-behavioral marital workshop based on the book *Traits of a Happy Couple* and its companion study guide (Halter, 1988a, 1988b). The workshop consists of five 2-hour weekly training sessions. Each session includes a lecture followed by exercises that give couples the opportunity to practice what they just learned. Lecture topics include common sources of marital conflict, making positive requests, giving social support, problem-solving techniques, and building partner's self esteem (Noval, Combs, Wiinaki, Bufford, & Halter, 1996). Couples are given homework assignments (readings and monitoring newly acquired skills) to complete between sessions. No information was found on leadership training requirements.

Using a pre- to posttest design without a control group, Noval et al. (1996), found that participants showed significant improvement in overall marital satisfaction as a result of completing the workshop. Although there is initial support, no studies have used a randomized experimental design to evaluate THC. Consequently, Traits of a Happy Couple is considered empirically untested.

Saving Your Marriage Before It Starts (SYMBIS). The SYMBIS model is designed to help couples build a successful marriage through strengthening self-differentiation (Parrott & Parrott, 1997). This is accomplished first through administration and interpretation of the Premarital Preparation and Relationship Enhancement (PREPARE) assessment instrument (Olson, Fournier, & Druckman, 1987), 8 to 10 one-hour psychoeducational sessions, and a year-long relationship with a marriage mentor couple (Parrott & Parrott, 1997). Topics covered in the educational sessions include marital myths, understanding of love, general attitude about life, communication, gender differences, conflict resolution, and exploration of the faith journey (Parrott & Parrott, 1999). SYMBIS instructors must have a master's degree in psychotherapy and training and certification to administer and interpret the PREPARE assessment tool (Parrott & Parrott, 1999). Marriage mentor couples are recruited and trained in mentoring strategies that support the educational program (see Parrott & Parrott, 1995).

SYMBIS has been shown to improve realistic beliefs and attitudes about marriage (Hamersla, Parrott & Parrott, 1995), although this study did not include a randomly assigned control group. Although Parrott and Parrott (1999) reported that an outcome study was in progress, results are not yet published; thus, SYMBIS is considered empirically untested.

Discussion

Although several reviews have examined the overall effectiveness of marriage enrichment programs, no reviews have addressed the empirical validity of specific programs using the high standards of EST. The emergence of the EST movement

provided the momentum and criteria to critically examine the empirical support for each program and classify them as efficacious, possibly efficacious, or empirically untested. Thirteen programs qualified for inclusion in this review. Of these programs, only four (31%) met the criteria to be considered efficacious. Three (23%) were found to be possibly efficacious, and the remaining six (46%) were judged as empirically untested.

In addition to these 13 programs, many programs were not included in our review because they did not meet the inclusion criterion of having at least some empirical evidence about program outcome. Of these programs, two deserve special comment because their link to research might create some confusion. The PREPARE and ENRICH programs (Olson & Olson, 1999) use well-known and widely used assessment tools to help premarital and marital couples become aware of their strengths and areas of concern in their relationships and other tools for couples to strengthen their relationships (Olson & Olson). Although considerable research has established the reliability and validity of these inventories (e.g., Fowers & Olson, 1986, 1989), no outcome studies have been published testing the effectiveness of taking these inventories in improving couple relationships. The same applies to the other two most widely used inventories: the RELATIONSHIP Evaluation (RELATE) and the Facilitating Open Couple Communication, Understanding, and Study program (FOCCUS; see Halford et al., 2004; Larson, Newell, Topham & Nichols, 2002).

In a similar way, Gottman's Marriage Survival Kit (Gottman & Gottman, 1999) has a strong research component in its content. It is based on Gottman's extensive research on marital processes and teaches empirically supported principles of marital enrichment. However, no published research on its effectiveness currently exists.

The findings of this review expose two significant gaps in the marriage enrichment outcome research literature. First, although past reviews have demonstrated the overall effectiveness of marriage enrichment programs in improving relationship quality, the results of this review suggest that most marriage enrichment programs have received little or no rigorous empirical validation as defined by EST standards.

We hope that these findings will serve as motivation to proponents of underresearched marriage enrichment programs to conduct randomized controlled outcome studies to demonstrate the efficacy of their programs. As the EST movement begins to influence the marriage enrichment field, empirical validation of programs becomes more important. In turn, proponents of programs should place a greater value on both conducting and publishing empirical validation in peer-reviewed outlets as a way to better and more objectively demonstrate the effectiveness of their programs.

Second, our findings emphasize the need for higher quality outcome studies in the marriage enrichment field. The EST movement has established high standards for inclusion as an efficacious treatment (Chambless & Hollon, 1998), and it especially emphasizes the need for research designs that include the randomized selection of treatment and control groups. Many of the outcome studies conducted to validate marriage enrichment programs did not use a control or comparison group, and a number of those with control groups did not use random assignment to groups. Consequently, these studies were not included as evidence of program efficacy. Programs like ACME and PAIRS already have a substantial amount of research suggesting their effectiveness, but because the studies lacked control groups or

control groups with random assignment, the programs did not meet the higher criteria to be designated as efficacious.

The field of marriage education also will be advanced by increasing the diversity of the samples used in outcome studies. Currently, most of the participants in the studies are middle-class Caucasians, with few minority or low-income couples represented. In addition, the increased use of standardized assessment instruments will enhance the quality of the research literature. Such instruments should assess multiple domains of individual and relationship functioning. Finally, it is important for research designs to include long-term follow-up assessments. As Halford and colleagues (2003) argued, more studies are needed that assess the effects of education programs for a period of more than 12 months.

Our review provides therapists and marriage educators with valuable information to help them become better consumers of marriage enrichment programs. Although the designation of a program as efficacious is not the only criterion for choosing to use a marriage enrichment program with couples (Elliott, 1998), we hope that practitioners will weigh heavily the empirical validation status of programs when making their decisions about programs. Despite many individual differences in style and interests, practitioners share a common goal of providing the most effective prevention programs to the couples they seek to help. The designation of efficacious, possibly efficacious, and empirically untested enrichment programs should help practitioners in their professional decisions.

Our review is not without limitations. One difficulty we encountered involved the collection of studies. Many studies examining marriage enrichment programs were unpublished dissertations, which are difficult to locate and sometimes even harder to acquire. As is the case in many fields, the marriage enrichment research literature would be greatly enhanced if more dissertations were published in professional journals. This would make more studies peer reviewed, ensuring research quality and accessibility. Additionally, several studies lacked clarity in the description of their methodology. This made it difficult to determine whether the study used a randomized controlled design. Researchers must be more explicit about the design of their study when they report their research methods.

This review highlights the progress that the field of marriage enrichment has made in empirically documenting the effectiveness of the programs developed to prevent marital discord and divorce. With four programs designated as efficacious and another three as possibly efficacious, the field has made considerable advances. However, the traditional reasons cited for not conducting randomized controlled outcome studies of marriage education programs (e.g., not enough time, lack of availability of research subjects, not enough money or expertise) need to be overcome. With federal, state, and private groups increasingly willing to fund marriage enhancement outcome research, the climate is right to conduct higher quality research studies on these programs. It is time to accelerate progress in the field by conducting and publishing more findings that will qualify additional programs for the designation of being an empirically supported program.

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